

Utah's Division of Child and Family Services

Northern Region Report

Qualitative Case Review Findings

**Review Conducted
April 21-25, 2008**

A Report by

The Office of Services Review, Department of Human Services

Table of Contents

I. Introduction2

II. System Strengths2

III. Stakeholder Observations.....4

**IV. Child and Family Status, System Performance, Analysis,
Trends, and Practice Improvement Needs8**

V. Recommendations for Practice Improvement33

VI. Appendix.....38

I. Introduction

The Northern Region Qualitative Case Review for FY 2008 was held the week of April 21-25, 2008. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the review. There were 24 cases pulled for the review, but only 23 cases were scored. In one of the cases that was to be reviewed a sibling of the target child had severe medical problems and was hospitalized. The reviewers were not able to interview the mother or target child due to the family crisis.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a “marked decline,” which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was compiled from an analysis of the strengths identified during the exit conference. Not every strength is noted. Each strength contributes to improved and more consistent outcomes for specific children and families.

STRENGTHS

Child and Family Teaming and Coordination

- The team worked together to identify a placement for a severely injured child. Good teaming was done with the Resource Family Consultant.
- A principal from a local school recognized the importance of teaming and learning the different services available.
- The teams worked together to find appropriate services for the families. In one case the Child and Family Team worked with a treatment program to adapt their program to meet the needs of the child.
- The team members went out of their way to draw the family members into the teaming process.
- One reviewer noted that a new worker with a sibling group of eight did a nice job of finding placements. The team worked to keep siblings visiting weekly. This involved a lot of extra work because the siblings were placed over a large area and many people were involved with the transportation and visitation.
- One of the cases reviewed involved family members competing for the children. The caseworker did a good job coordinating and keeping the team focused on the child.

- The team was good at sharing assessments and helping everyone involved understand changes and underlying needs.

Worker Professionalism

- Workers are great at engaging families. One case had a teen who was wary and suspicious of workers. Another case had a difficult and threatening family. The workers used a great deal of skill and patience to build a level of trust.
- Workers took the time needed to find a family to match the needs of the child.
- There was great work in spite of high caseloads and a shortage of resources. The workers were creative in meeting needs. In one of the many good cases noted, the worker was excellent at adapting as needed due to the distance of the placement.
- The supervisors are doing a better job of mentoring the new workers.
- The caseworker was very aware of the grief and loss issues in one of the children. After moving into a different area of the agency she continued to do home visits for two months along with the new caseworker. This not only made for a smooth transition, but the child doesn't feel like she lost a worker.
- The caseworker was able to find a good match in locating a home for a child with special needs.

Planning Process

- Plans are adapted to address specific needs. In one case there was a great match of services to needs, letting the parents choose services and adapting the services for timeliness.
- One reviewer noted that the assessments were well done and used as part of the planning process.
- There were well written plans in the new template. There were great reports to the judge and the guardian ad litem from a caseworker advocating for the parents.
- Good assessing by the team and understanding of underlying issues helped with the planning process.

III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the Qualitative Case Reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Northern Region were supported by a total of ten interviews. There were nine focus groups: DCFS caseworkers from different offices, DCFS supervisors, Region Administrative Team, Guardian ad Litem, Assistant Attorneys General, Foster Parent Group, Mental Health Services, Transition into Adult Living foster youth, and the Quality Improvement Committee. There was also an interview with the Regional Director.

The stakeholder interviews involved a large and diverse group of community partners and workers in the Northern Region. The Mental Health Service Focus Group included thirteen therapists, case managers and supervisors. The Quality Improvement Committee included representatives from the Utah Foster Care Foundation, Davis School District, Attorney General's Office, Head Start, Weber Human Services, Bear River Mental Health, Christmas Box House, Fostering Healthy Children, Family Support Center, foster parents, Office of Licensing, McKay-Dee Hospital, Adult Probation and Parole, and other community volunteers. Because the groups were large and had participation from Weber, Box Elder and Davis County the reviewers were able to obtain a great deal of information.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

What are the Strengths?

- Post adoption services have really improved. Several people noted that there are a lot more resources than there were ten years ago and they are easier to access after adoption finalization.
- Adult probation is working a lot closer with DCFS. There is collaboration between Weber and Davis County to coordinate programs when families are involved with more than one agency. There is cross training between agencies.
- Immersion Days were very successful. Many people indicated it was engaging and informational. There is a greater public understanding of confidentiality and parameters of the system. The local newspaper had a large story that provided educational information to people in the community.
- Weber Mental Health is working with the medical professionals to understand imminent risk. Education is ongoing.

- Communication has improved between all agencies. Weber Mental Health got a new phone system that is privacy protected and now critical information can be left by the workers for the therapists. Previously there was a problem getting information back and forth because of confidentiality concerns. The agencies have updated lists of workers' and supervisors' phone numbers to call if there is a concern.
- Team meetings are improving. The sense of partnership and ownership of the meetings has improved. Some meetings are happening during the child or parent's therapy time, so everyone can attend. More people are invited to the meetings, such as the finance person for the region. This was helpful in helping a family understand the financial responsibilities of the parents and the resources available after an adoption finalization. Team meetings are also happening earlier on with the CPS workers.
- The Northern Region still does the infant mental health assessment and not just the Ages and Stages assessment that is required. They have found it is more accurate.
- The workers are involving the therapists in some of the mediation processes. The therapist can give input as to what is working for the child's best interest.
- The Northern Region is the highest in the state for successful mediation. Seventy-five percent of all cases go to mediation and 90% of those are resolved with the mediation process. This is used for everything including resolving motions, religious issues, visitation, kinship, adjudication, termination, petitions, or placement. Sometimes mediation has stopped the termination process.
- The attorneys work well in mediation. The public defenders come to Child and Family Team meetings.
- The Northern Region has a clinical person available to everyone including foster parents and caseworkers. The foster parents can call an "on call" clinical worker at anytime if there is a crisis or meltdown.
- The caseworker can call the clinical team with a difficult case and a staffing is immediately called. There is support and brainstorming to help address the challenges in a case. The domestic violence workers are doing more family preservation and trying to do early intervention before there is a removal.
- The Kinship Specialist now has two other workers to help with kinship studies. The Region is starting a pilot program that includes a Resource Family Consultant who specializes in kinship placements.
- Training has been amended for the new workers. There is more ongoing training and mentoring from both trainers and supervisors. The Resource Family Consultants are spread out to the teams, and workers have more access to them for training and information.
- The region is in the process of creating support groups for long-term workers who have dealt with stress over a long period of time.
- There is cohesiveness within each office and between the workers. The newsletter gives recognition and acknowledgment of good practice. Workers and administration reach out to help when needed.
- Changes at the Christmas Box House have been great. A new person is in charge, and care of the children and communication has improved. The children are being transitioned better and long-term plans are being made and followed through.

- There is a weekly staffing for children in high cost or intensive treatment care centers. The committee assesses if the placement is still in the best interest of the child. The community partners are part of the permanency committee where this is discussed. Children are being stepped down more often. The committee accepts responsibility for placement decisions, which makes workers feel supported.
- The Transition to Adult Living (TAL) youth are grateful for the help DCFS offers after they leave the system. One girl stated that it was like being able to go to a parent for support. Youth are linked with scholarships, apartments, Work Force Services, and other programs.
- The older youth feel like they own their teams and can invite anyone. Those interviewed in the TAL dorm feel they are treated with respect and receive the skills needed to function in society as an adult.
- Workers felt like they were supported by each other as well as their supervisors. Supervisors feel supported by Regional Administration, and they in turn feel supported by State Administration.
- The Food Bank has a food drop for foster parents twice a month. The Utah Foster Care Foundation facilitates this. The foster parents are able to get additional food for the children, but the greatest strength is the time spent visiting with one another and sharing ideas, resources, concerns, and things that cannot be discussed with others because of confidentiality.

What are the challenges or barriers?

- There can be problems when the therapist or health personnel are not notified when a child is moved into a different placement.
- Some workers are good at having the team members give input to the services and the plan. There is a concern with some of the Child and Family Team Meetings where the worker brings everyone in to say, “Here’s what we are going to do.” Recommendations from the therapists need to be considered and clinical concerns need to be addressed.
- It is a continual challenge to hire and maintain good workers with the low pay and job stress. Some stakeholders wondered if caseworkers could have unlimited cell phone minutes and text messaging. Their personal lives are affected by work, and they have to pay for minutes they use that the State does not pay extra for. There need to be more creative ways to show appreciation because using money is not an option.
- Some of the youth do not feel respected. When a youth is transitioning into another home they would like to pack their own things. Their possessions are their identity and need to be treated with respect.
- While some foster children are treated equally, others are not treated the same as other children in the home. The youth would like foster parents continually trained to NEVER speak ill of someone’s birth family.
- There is a shortage of foster parents. Some interviewed felt the Immersion Days might create opportunities to reach the community with recruitment information.
- Cache and Davis Counties are growing. The State needs to be aware of growth patterns and put resources in place before workers become overwhelmed.

- It is difficult to transfer a post adoption case because the receiving region is afraid of the high cost of care. We are a state agency, not a regional agency. The child's needs should come first.
- Immigration cases are a problem. Money is needed to provide resources for illegal aliens. A request was made for the State to hire an in-house immigration attorney that would help the region with issues such as birth certificates, green cards, money to address medical needs, etc. The region needs more workers with foreign language skills.
- While up front training is good, many stakeholders feel there needs to be ongoing training to help workers who begin to stress out, have difficult cases, or discover areas that need to be addressed after working several cases.
- The plan doesn't always reflect the unique needs of the child and family. CPS workers don't always know what the ongoing needs will be for a family. After assessments are completed additional requirements can be added to the plan; however, that can create a legal stumbling block if the parent's attorney objects to additional items.
- Some of the legal partners would like a process put in place where they can address concerns with workers or procedures. Communication between the agency and the attorneys could be improved.
- There is a lack of appropriate services for perpetrators. If a client does not have Medicaid it is difficult finding affordable counseling.
- There is good supervisor training available through Human Services, but a DCFS specific training is needed. There could be training on how to handle difficult discussions and how to manage the flow of information.
- There is a six to eight month lag from the time a family completes training to when they are fully licensed. Families feel like there is not really a need for homes if it takes so long to get approval for placement.
- Judges need to treat the workers with respect as professionals. In some cases judges were having discussions without all the parties present.
- Many stakeholders feel like high caseloads are the biggest barrier to good work, and they increase the worker turnover rate.
- There is a problem with grade school resources for children who are violent. Youth in Custody programs are not always available. The teachers and school administration need to be part of the team and work with the foster family and caseworker to identify concerns and coordinate efforts for behavior modification.
- There needs to be a protocol on how to deal with drug babies. The collaboration between the medical community and DCFS could be improved so there is consistent medical information given as the drug issues become more evident.
- The new service plan is too long and too hard to read. Judges don't like it and families cannot understand it. Judges are requiring a one-page summary in place of the plan. There is no way to amend or change the plan as needed without having a team meeting and rewriting the entire plan. Even when a new plan is written, there is no way to get people off the plan that were once on it, such as former foster parents and deceased family members.
- The caseworkers would like to do more preventive work, but they don't have enough time or resources..

IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

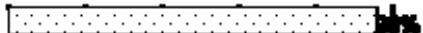







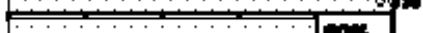


- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

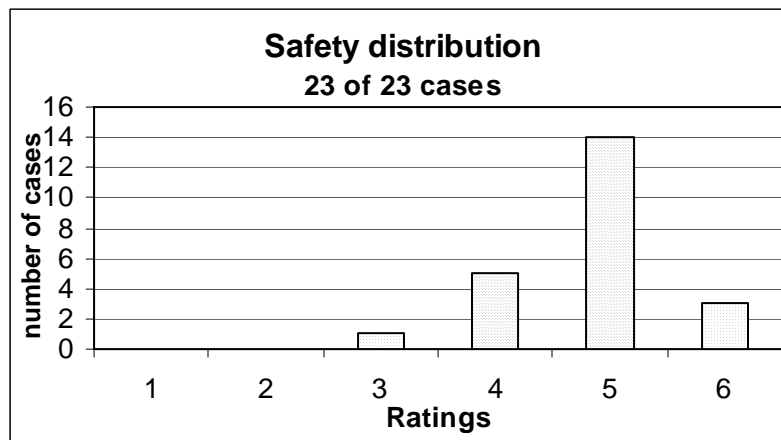
Northern Child Status

	# of cases (+)	# of cases (-)		FY04	FY05	FY06	FY07	FY08 Current	
			Exit Criteria 85% on overall score						Trends
Safety	22	1		100%	96%	96%	100%	96%	
Stability	16	7		75%	92%	75%	83%	70%	
Approp. of Placement	22	1		96%	96%	100%	100%	96%	
Prospects for Permanence	17	6		67%	71%	71%	88%	74%	
Health/Physical Well-being	23	0		100%	100%	100%	100%	100%	
Em./Beh. Well-being	21	2		79%	75%	92%	92%	91%	
Learning Progress	21	2		75%	83%	92%	92%	91%	
Caregiver Functioning	14	0		100%	100%	100%	100%	100%	
Family Resourcefulness	12	3		56%	76%	71%	82%	80%	
Satisfaction	22	1		92%	100%	96%	92%	96%	
Overall Score	22	1		100%	96%	96%	100%	96%	Decreased but above standards
			0% 20% 40% 60% 80% 100%						

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

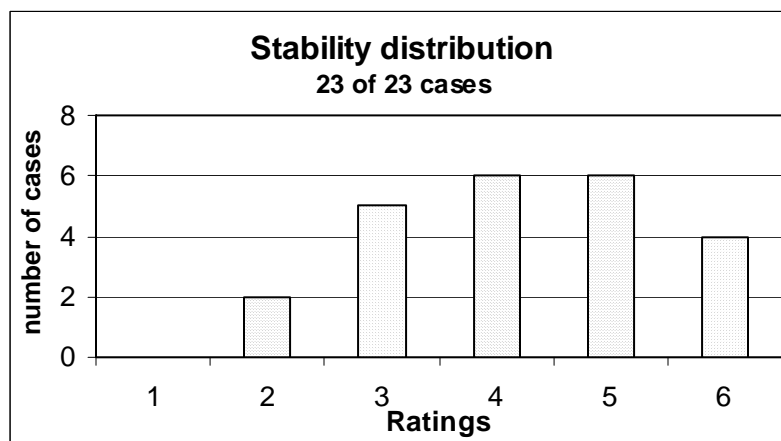
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is down from last year's score of 100%. Only one case was unacceptable on safety.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

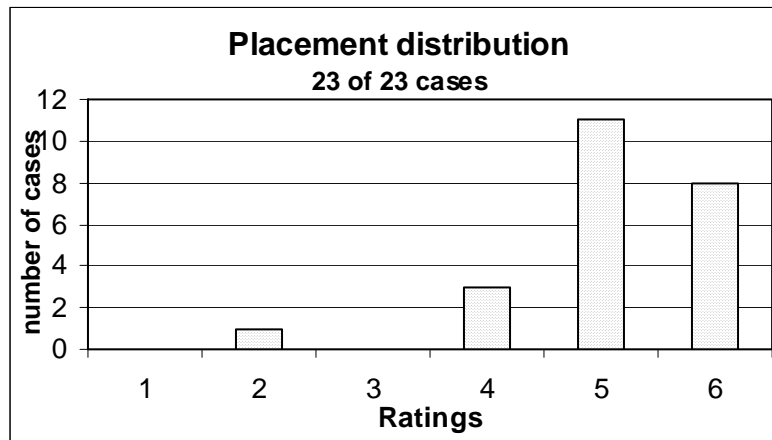
Findings: 70% of cases reviewed were in the acceptable range (4-6). This is down from 83% last year.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

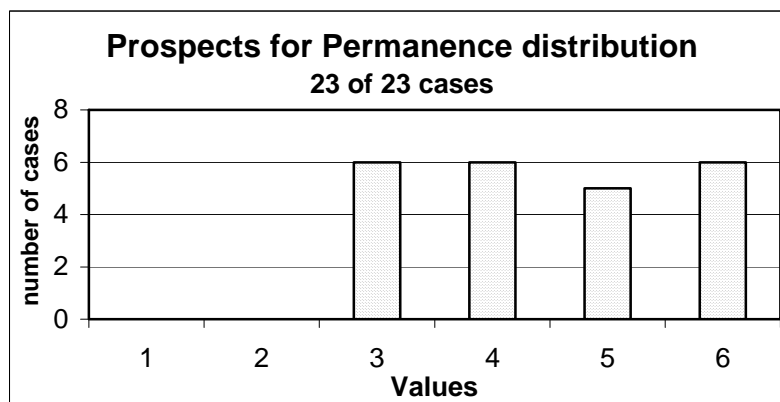
Findings: 96% of cases reviewed were in the acceptable range (4-6). This is a slight drop from 100% last year. As the distribution shows, only one case was unacceptable on Appropriateness of Placement.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

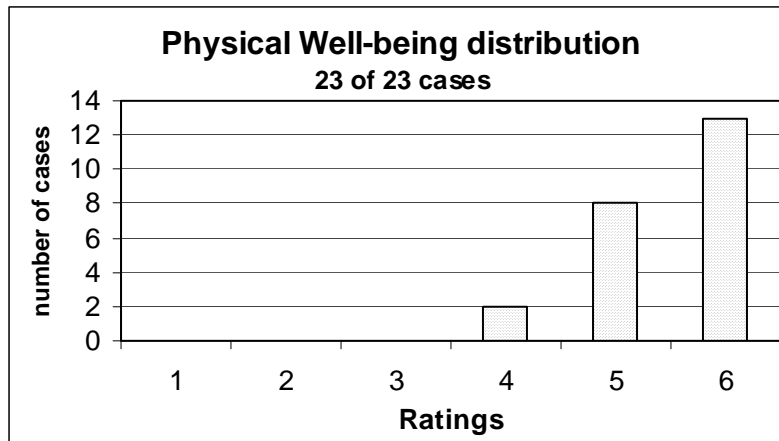
Findings: 74% of cases reviewed were within the acceptable range (4-6). This is down from last year's score of 88%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

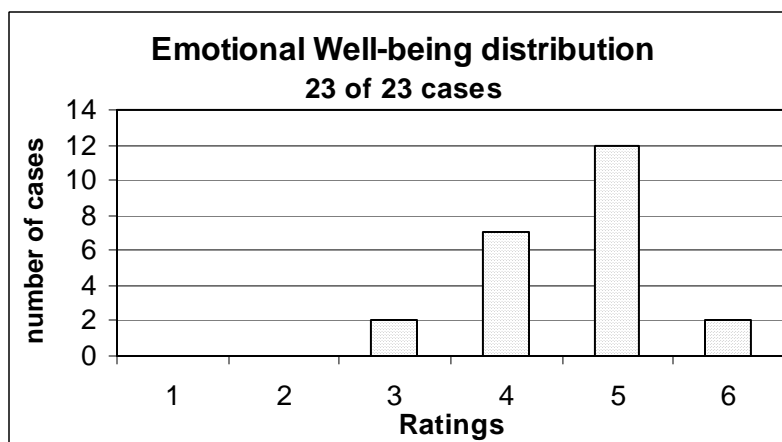
Findings: 100% of cases reviewed were within the acceptable range (4-6).



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 91% of cases reviewed were within the acceptable range (4-6). There were only two cases in the unacceptable range.

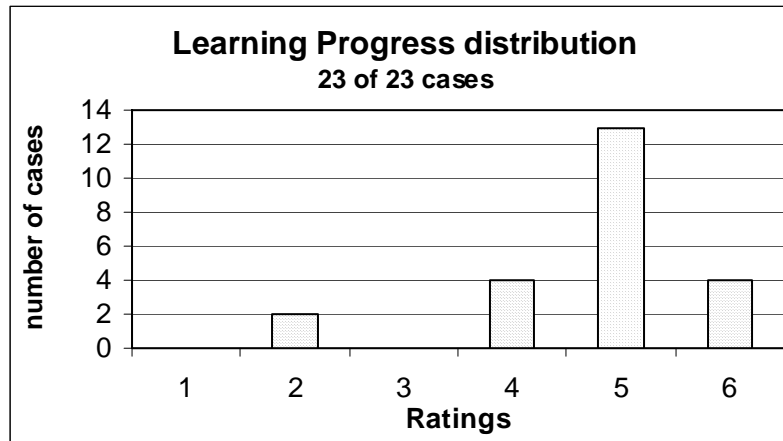


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

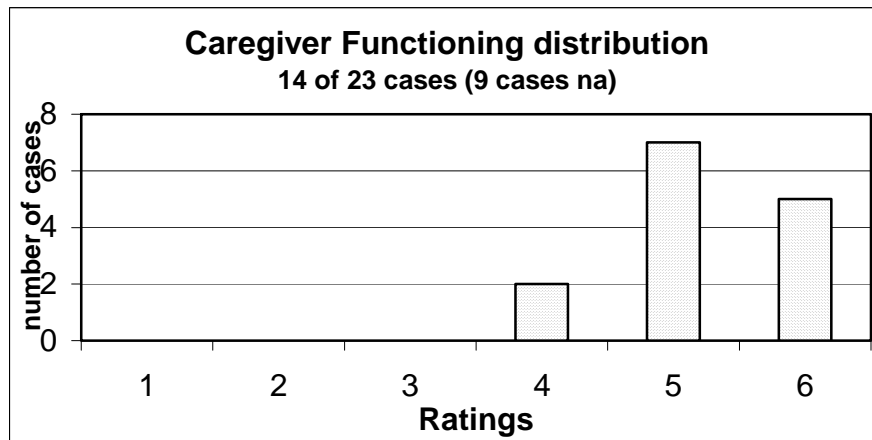
Findings: 91% of cases reviewed were within the acceptable range (4-6). This is nearly identical from last year's score of 92%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

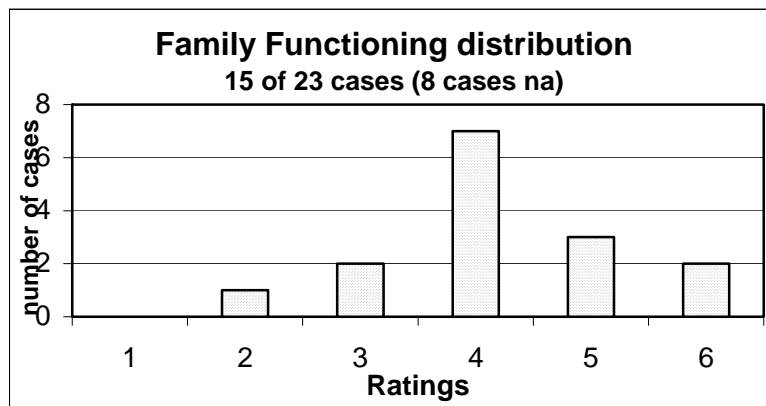
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in all but two cases the child was receiving substantially adequate or optimal care giving.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

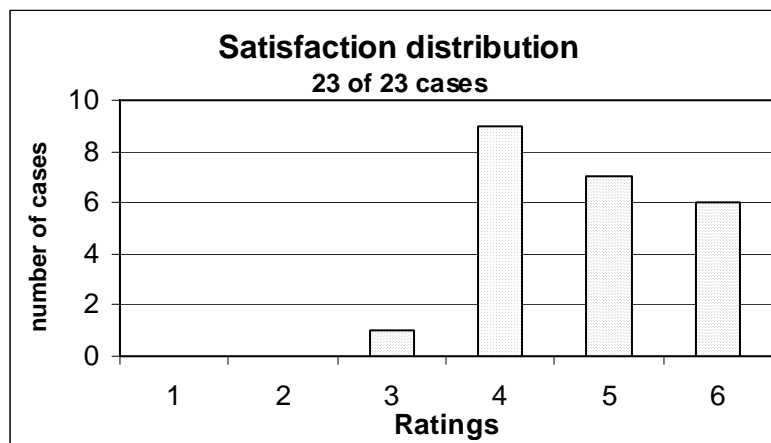
Findings: 80% of the cases that were scored on this indicator were within the acceptable range (4-6). This is very close to last year's score of 82%.



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

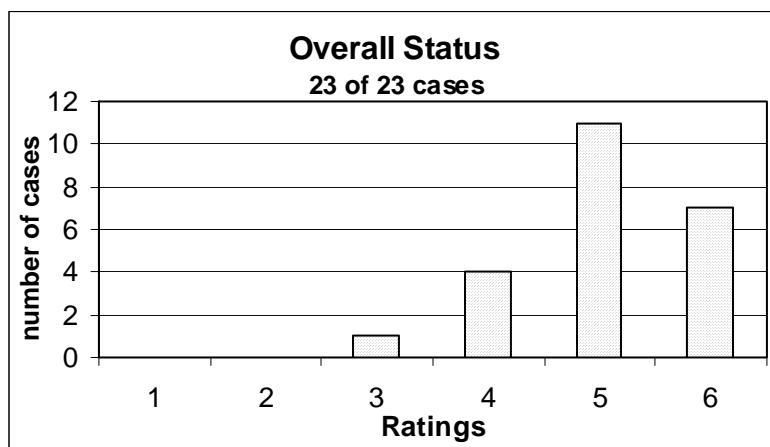
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is an increase from 92% last year.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.








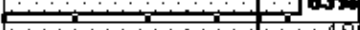
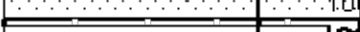
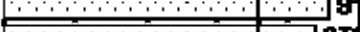


Findings: 96% of cases reviewed were within the acceptable range (4-6). There was only one unacceptable case on child status and 18 of the 23 cases were substantially acceptable or optimal.



System Performance Indicators

Overall System

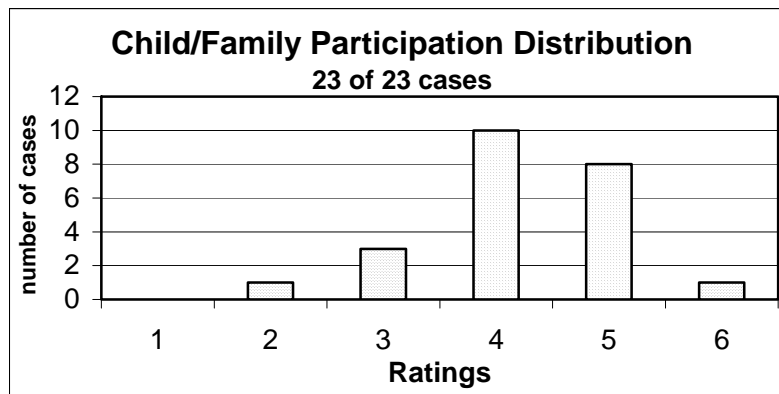
Northern System Performance

	# of cases	# of cases	Exit Criteria 70% on Shaded	FY04	FY05	FY06	FY07	FY08	
								Current	
	(+)	(-)	Exit Criteria 85% on overall score						Trends
C&F Team/Coordination	19	4		67%	75%	71%	83%	83%	Status Quo and above standards
C&F Assessment	16	7		54%	67%	54%	79%	70%	Decreased but above standards
Long-term View	19	4		58%	71%	75%	92%	83%	Decreased but above standards
C&F Planning Process	20	3		63%	79%	83%	88%	87%	Decreased but above standards
Plan Implementation	20	3		71%	83%	88%	96%	87%	Decreased but above standards
Tracking & Adaptation	18	5		71%	88%	83%	96%	78%	Decreased but above standards
C&F Participation	19	4		88%	96%	67%	92%	83%	
Formal/Informal Supports	23	0		79%	96%	92%	100%	100%	
Successful Transitions	21	2		73%	83%	82%	83%	91%	
Effective Results	20	3		71%	96%	92%	100%	87%	
Caregiver Support	13	1		92%	92%	92%	100%	93%	
Overall Score	21	2		79%	83%	88%	96%	91%	Decreased but above standards
			0% 20% 40% 60% 80% 100%						

Child/Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

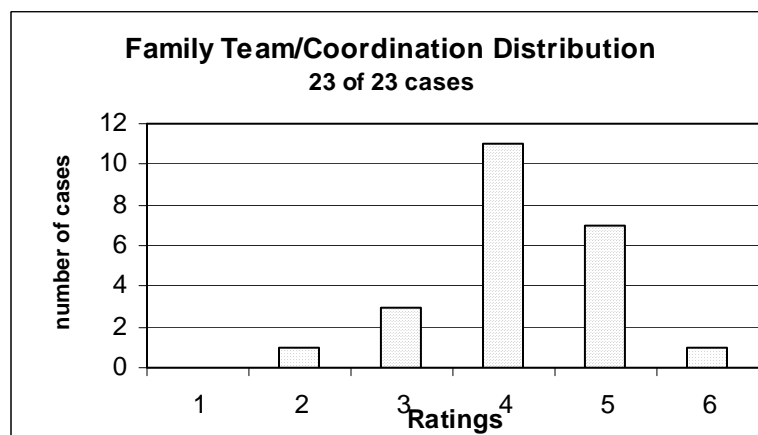
Findings: 83% of cases reviewed were within the acceptable range (4-6). This declined from last year's score of 92%.



Child/Family Team and Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

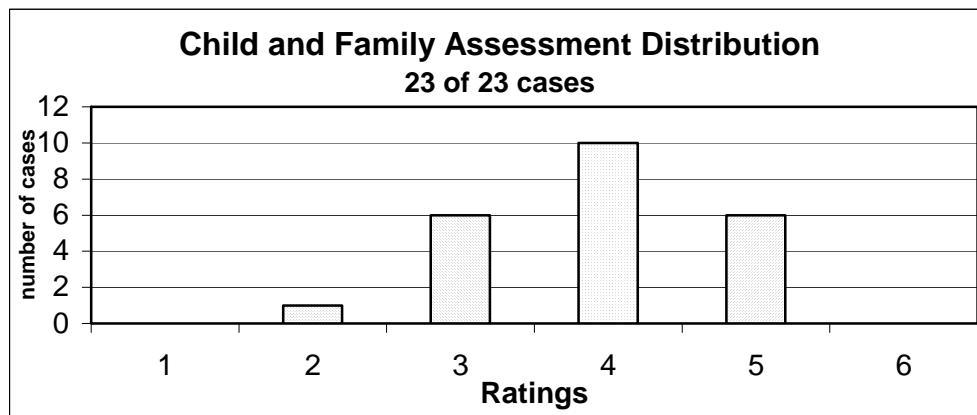
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is the same as last year.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

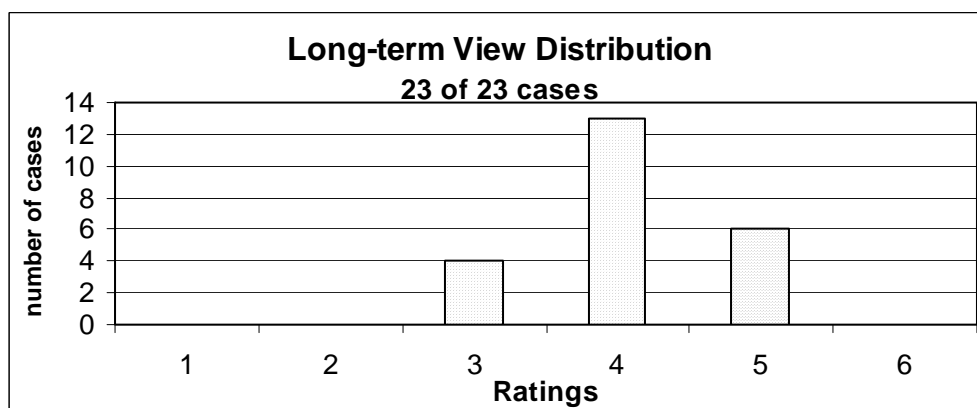
Findings: 70% of cases reviewed were within the acceptable range (4-6). This is a decline from last year’s score of 79% but is still above standard.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

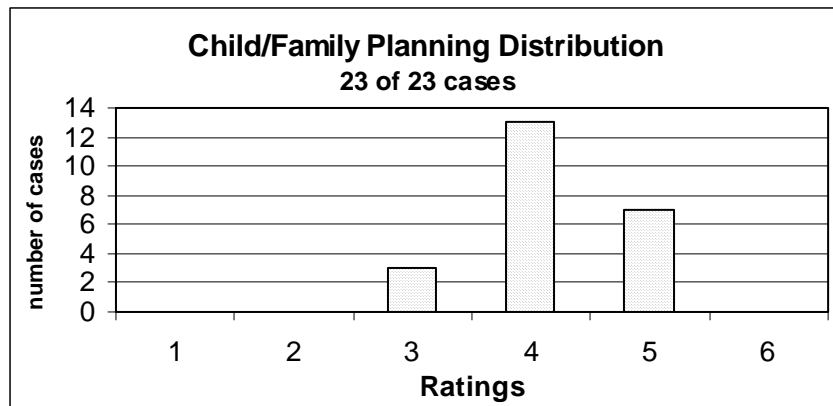
Findings: 83% of the cases reviewed were within the acceptable range (4-6). This indicator is declined from last year’s score of 92% but is above standard.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

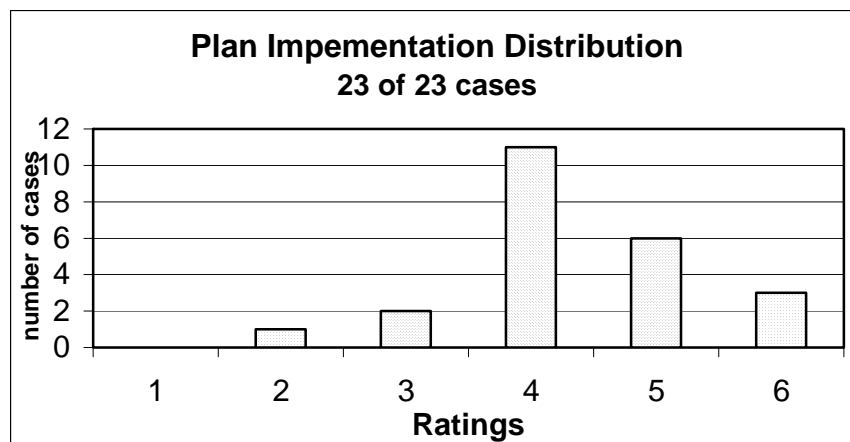
Findings: 87% of cases reviewed were within the acceptable range (4-6). This is nearly identical from a score of 88% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

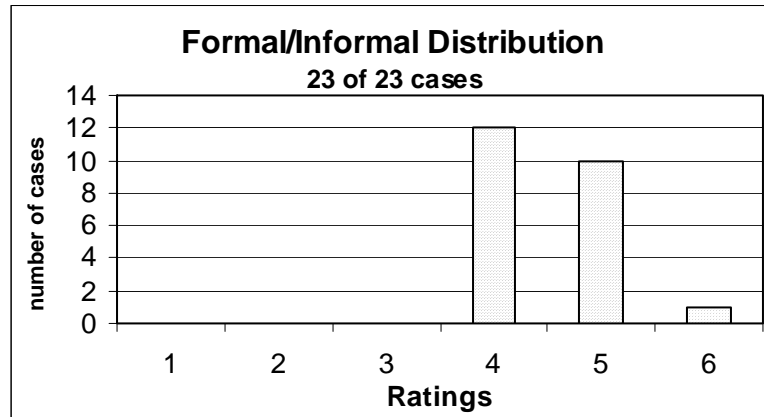
Findings: 87% of cases reviewed were within the acceptable range (4-6). This is a decline from 96% last year, but still above standard.



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

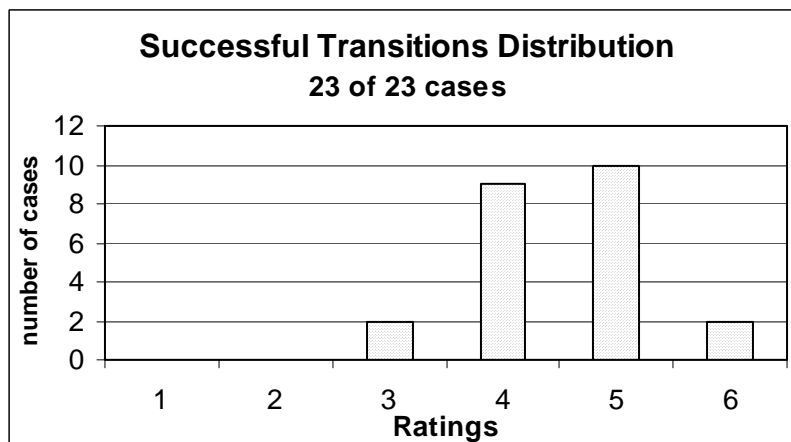
Findings: 100% of cases reviewed were within the acceptable range (4-6), the same as the high mark of 100% achieved last year on this indicator.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

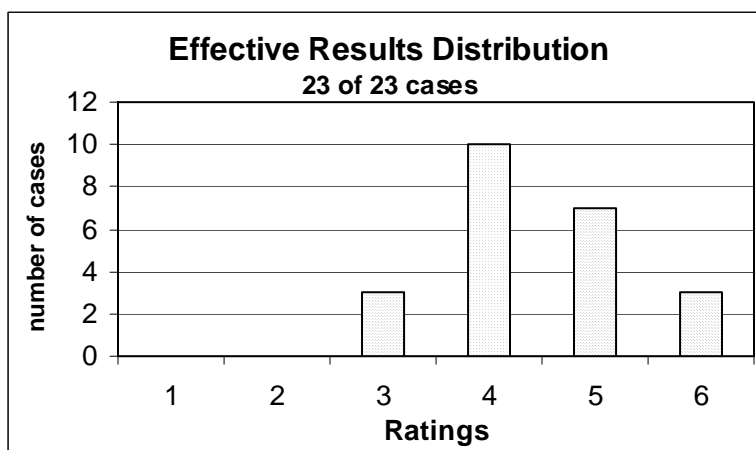
Findings: 91% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 83%.



Effective Results

Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

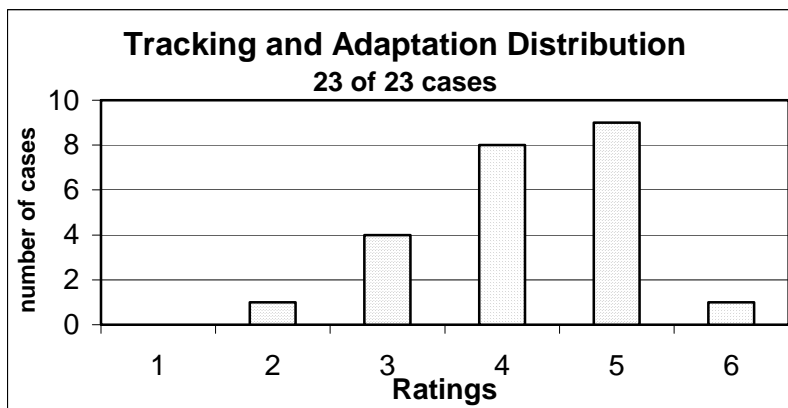
Findings: 87% of cases reviewed were within the acceptable range (4-6), down somewhat from last year's score of 100%.



Tracking and Adaptation

Summative Questions: Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

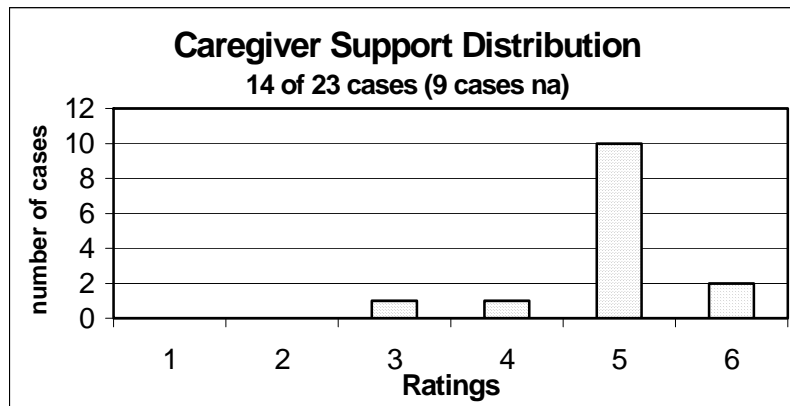
Findings: 78% of cases reviewed were within the acceptable range (4-6). This is a drop from last year's score of 96%, but is still above standard.



Caregiver Support

Summative Questions: Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

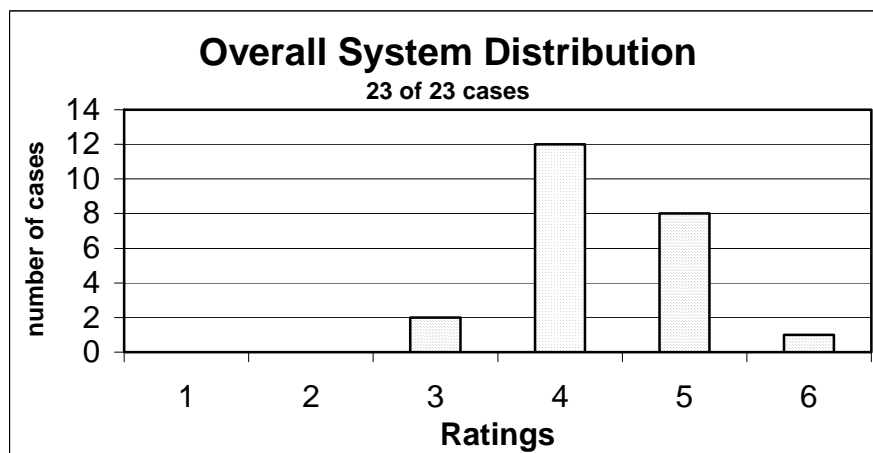
Findings: 93% of cases reviewed were in the acceptable range (4-6).



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 91% of cases reviewed were within the acceptable range (4-6). This score has decreased slightly from 96% but is well above standard.



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question, "Based on current DCFS involvement for this child, family, and caregiver, is the child's and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, 38% (9 cases) were anticipated to be unchanged, 5% (1 case) was expected to decline or deteriorate, and 57% (13 cases) were expected to improve.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an acceptable level of positive outcomes. Twenty-two of the cases had an acceptable overall child status and eighteen cases had an acceptable overall System Performance. These results are admirable.

Favorable Status of Child		Unfavorable Status of Child	
Outcome 1	Outcome 2	Outcome 3	Outcome 4
Good status for the child, agency services presently acceptable.	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.	Good status for the child, agency Mixed or presently unacceptable.	Poor status for the child, agency presently unacceptable.
n=21 91.3%	n=0 0.0%	n=1 4.3%	n=1 4.3%
95.7%		8.7%	

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Northern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 96% in the current review, slightly down from 100% scored last year. Only one case reviewed scored unacceptable for safety. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

One of the cases that scored optimal for safety was a nine-year-old boy. The history of the case documents that both parents were criminally charged for severe abuse of their children. The target child had severe nightmares and felt threatened. Helping him feel safe was a challenge in this case.

Safety is optimal for [Target child]. [Adoptive father] has provided a safe home for him. [Adoptive father] and his late wife have provided a home that is safe both physically and emotionally for the children. [Target child] was deathly afraid of his father but with the security he has found in his new home, his nightmares have disappeared and he seems to almost always have a smile on his face. He appears to play freely around his house and states he has friends who live close by who he enjoys playing with in his neighborhood. In school, his teacher and principal report he seems to be a happy child who has a friendship group he plays with at recess. They do not know of any safety risks he would encounter at school. There is also no risk of safety for others. [Target child] has had no behavioral problems in his home, school or other places. While he verbally voices in his therapy sessions his desire to hurt his father, it is limited to an expression of emotional anger in the confines of mental health therapy. Neither the therapist nor other team members think [target child] poses any threat to others. All team members concur that [target child] is an active, happy boy who is safe in his home, neighborhood, and school.

The only case that scored unacceptable is an 18-year-old girl who has been in custody about a year and a half. She came into custody seven months pregnant and addicted to methamphetamine. She continues to put herself at risk and still lacks education regarding safety issues. The safety plan is lacking as noted in the excerpt below.

[Target child] does have some problems with making choices, which place her at elevated risk concerning her safety. [Target child] and her mother argue frequently, and [target child] is kicked out and/or runs away. There were [two] incidents in March, on the 3rd and then again on the 26th – 28th, where her whereabouts were unaccounted [for]. As reported by many team members, she places herself in situations where her potential for harm is high. On one occasion, she was seriously assaulted by a stranger when she offered to baby-sit for a person she did not know... [Target child] has a history of numerous sexual partners, and has had sexually transmitted diseases. She also has long-term health concerns due to her previous sexual history. This was particularly concerning due to her reporting on the Ansell Casey report that she felt she was lacking information regarding sexuality and high risk behaviors... The adequacy of the safety plan that is in place is in question as it really identifies what she needs to do such as “stay away from negative peers, will stay busy, make good judgments” but there is no discussion in the plan of what that means, or how she does this, or who she can call if she is concerned about this or if she is in danger.

Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region’s performance on this indicator declined from 83% last year to 70% in the sample of cases represented in the current review.

One infant had severe injuries and needed extensive medical care. The region was able to keep him in a stable placement while dealing with extreme injuries. This home also became a permanent placement as the case progressed. The worker’s ability to look ahead long term at the time of initial placement created stability for this child.

[Target child] has enjoyed optimal stability, having had only one placement since his removal 15 months ago when he was just three months old. With the finalization of his adoption last week he has also achieved optimal permanency. There are no risks of disruption in the foreseeable future. He has settled into his adoptive home with his biological half sister who was also adopted last week. He appears to be bonded to his adoptive mother... While other foster families were hesitant to take an infant with the extensive injuries that [target child] had, [adoptive mother] did not hesitate to do so even though she understood the severity of his injuries. For the first few months he was in her home she cared for him around the clock as his injuries and broken bones healed. For the first month he had to be carried on a pillow he was in so much pain. He was on phenolbarbitol until he was eight months old. None of this dissuaded her. She was and is completely committed to his care. Team members described her as extremely committed

right from the beginning. As a CNA, the adoptive mother had health care experience that prepared her in many ways to deal with [target child's] health needs.

An unacceptable stability situation was described in another case story. The child has had many changes in placements, schools, and relationships. This has affected the services he has received and created delays in treatment and follow up medical care.

It should be pointed out that timeliness of service delivery has been an issue throughout this case. It was pointed out that in part this was due to changes in providers, team follow-up and in large part due to [target child's] unwillingness to do anything. This case does not score well when it comes to stability. In the past 12 months [target child] has been in three foster placements, shelter and youth correction facilities due to his running. His current placement is his 2nd longest in the past year. It is interesting to note that his first foster placement believed that he was suicidal and placed him in an O and A facility and requested that he not come back to their home... [Target child] has been evaluated and it came back that he was not suicidal; however, he did have a lesion on his brain that needed to be further tested.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator dropped from 88% last year to 74% in the current QCR sample.

The following excerpt is an excellent example of achieving optimal permanency for a child. This is a case where the child wanted adoption, but had a desire to keep contact with siblings that were placed somewhere else. The worker was able to find an adoptive home that would help the target child maintain birth relationships.

Because [target child] was adopted at the time of this review, the fact that this is the least restrictive [placement], and the placement provides the support and supervision that he needs, this scores as optimal as well. This has been sustained for close to a year now. When reviewers asked the foster parents about the legal responsibilities of the adoption, they responded with "when we decided to adopt these children we knew we were adopting the whole family." They report that they frequently have the siblings over and are committed to continuing the bond between them. They noted that they intend to provide a sense of "home" to these children since their parents are going to be in prison for a very long time. This placement is expected to endure for [target child] until he moves out on his own, no one on the team believes otherwise. [Target child] reports that he loves being here, the family meets his needs and to him nothing really changed once he was adopted. This seems to indicate a strong sense of permanency for him.

In another case with an unacceptable permanency score, the team never came together with a concurrent permanency plan and steps to meet that goal. Some of the team do not feel like reunification will take place and another permanent place is not identified.

This indicator was scored unacceptable because there is inadequate permanence with the current placement. [Target child] is currently in a temporary residential treatment

facility. Her mother is part of the plan and she is attending family therapy with [target child], but the mother has many obstacles to overcome before reunification can take place. The mother is currently homeless and without work, but she is beginning Drug Court and has reportedly cut ties with her former gang lifestyle. If reunification does not take place, DCFS would work to have [target child] adopted. This could only take place after she finishes at [treatment center] and she is placed in a proctor home. Because she is 13, Transition to Adult Living would also be a possibility. Whichever course is ultimately taken, there is much that must take place before [target child] can reach a level of acceptable permanence. It is appropriate to state that [target child] is living on a temporary basis with a substitute caregiver, and the likelihood of reunification or finding another permanent home remains uncertain.

There were other cases where members of the team all had a different opinion of what the permanency should be. In one of the cases there is a concern whether either parent would be able to parent and services were not in place. There was not a concurrent plan. Another case has conflicting court orders between Wyoming and Utah, which affected permanency. Family therapy was needed in another case to strengthen the family so reunification could be successful. Some cases needed clear, concise, updated concrete plans for permanency.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator decreased from 82% last year to 80% in the current review.

There were many cases where the families reached out and found resources on their own. In some of the cases the parents have worked hard and internalized what they have learned. They not only completed the requirements on the plan but also changed their life. This is evident in the following case story example.

The family has been able to maintain their home and obtain employment that has been keeping their finances intact to this point. [Mother] is working at a clothing store and [father] is hoping to work with [his wife's stepfather]. [Mother's] mother and stepfather state that they will continue to support the family as needed, which may or may not consist of financial support. [Mother and father] have taken control of their issues. Both parents successfully completed their UA program. Father has his substance abuse issues under control and is doing well in learning how to nurture and supervise his children better. He states that he loves being involved in his children's lives and that he learned a lot from the peer parent. Mother states that she enjoyed the peer parent. She and the peer parent both stated that she didn't learn much that was new because she already had good parenting skills, but [mother] was still grateful to have someone to help her improve her parenting... The parents state that there are people in their lives that they know they can depend on, and if they cannot achieve their goals one way, they are confident that they can reach them another way. It appears that the family is beginning to see themselves as in charge of decision making about their lives and that anything they want to accomplish must come from themselves. They recognize that their children must

come first in their lives and they state they are ready to do that. To a significant degree, these parents appear to be progressing and maturing in their adult responsibilities.

There were other cases where the team made services available to the family. They worked to help clients meet their needs and tried to empower them to reach out to formal and informal resources, but some clients chose not to use the help offered and would not take control of the situation. The following excerpt is from a case with a girl getting ready to turn 19 years old who has been in the Transition to Adult Living Program.

[Target child] has not begun to take control of the situation that brought her into care and the outcome is an unacceptable level of functioning. She talks as if she will, and that this is what she wants to do, but she doesn't follow through with anything other than the intake. There are plenty of supports in place for her, but she is not utilizing these and up til now, the team has provided no consequences for her failure of her treatment plan. [Target child] has some great supports on her team if she will utilize them. It appears that [target child] is learning to get her needs met by the system by just doing enough so that she continues to get what she needs. This is further supported by her Ansell Casey assessment where she scores on a high level for understanding the system and getting her needs met. An example of this is that she knows how to get help with heat if it is turned off, but has limited knowledge regarding basic life skills. As [target child] is unwilling to engage in services, thus it is hard for the team to assess her needs, or to assess why she seems to be unable to take control of her situation.

System Performance

Child and Family Team/Coordination

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance remained at 83%.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. In this example the caseworker worked to create a complete team, kept the team unified on the goals, updated the plan and kept the lines of communication open between all team members. No one could identify anyone left out of the teaming process.

The teaming on this case is quite exemplary. The grandmother attended all team meetings and felt very included and listened to in the teaming process. [Target child's] aunt who provides day care also attended several team meetings. The team members felt that the right people were included in the team and that the information sharing was excellent among all members. The principal of the school actually said this was the tightest team she'd ever seen and wished that all kids got this sort of unified attention.

In several of the unacceptable cases the teams were very limited or not yet developed. The following example illustrates a lack of teaming and coordination. There were several different supports for the family, but they never were able to work together and share information. There was no coordination between the formal supports working with the family.

There was no Child and Family Team Coordination. The team members that were identified by the caseworker had never met together. Every one of the Child and Family Team Meetings recorded were done in the family home, with just the family present. None of the people working with the family were aware of a team or knew anyone else who was working with the family. The Adult Probation Officer was unaware that a DCFS case had ever been opened. The mother has been working on two different plans, (DCFS and Court Probation) and drug testing two different places, with no coordination between the two plans for the past year and a half. The peer parent for the father was aware that mother had taken parenting night classes, but she knew nothing about the mother, could not identify what the classes were the mother had, who gave them, or what the mother was taught. There was again no coordination or communication shared between the people working with this family, other than with the caseworker.

Child and Family Assessment

The child and family assessment indicator dropped from 79% last year to 70% in the current review. The following example illustrates how good assessments led to improved outcomes for one child. There were a variety of formal and informal assessments, which were shared with the team and assimilated into the plan.

The team has used a variety of assessments in deciding which services to provide to [target child] and her mother. [Target child] has had formal health, mental health, substance abuse, and education assessments. Several goals came from these, including goals to graduate from high school and leave the gang culture. There have also been some emerging issues with [target child] that the team has assessed and assimilated into the plan when appropriate. Several people with whom we spoke stated that [target child] desperately needs hope in her life, and the team has responded with positive goals and feedback. Another example is [target child's] therapeutic breakthroughs and accompanying acting out. An assessment of this emerging event has led to changes in the case. Perhaps the most important assessments took place when [target child's] mother decided to re-enter the case. The mother went through several formal assessments, but there were also informal assessment in determining the affect this would have on [target child] and her progress. Her mother's needs have been assessed and plans put in place for her to one day regain custody of her children.

In the following case, the lack of assessment negatively impacted the case, as the team did not have important information to impact the direction of the case. There were assessments that had been completed; however, they were not shared with the team and were not part of the planning process.

The family's therapist does not feel as though she is part of the team. The family does not identify her as a team member even though they have worked extensively with her over the past year...Reviewers were unable to find through interviews or reviewing the case file that there has been an ongoing dialogue between the Division and the child and family's therapist throughout the case. Even court reports tend to rely on the family's interpretation of how the therapeutic process is progressing rather than factual

statements or assessment made by the therapist. The child and family plan lacked any requirements on the part of the Division to initiate contact with treatment providers for the purpose of monitoring progress or lack thereof. Adaptations in service provision have been made over the life of the case but these requests have primarily come from the family rather than a team member who has recognized the need to modify or intensify the plan or service...The lack of the therapist's involvement throughout the case negatively impacts child and family assessment as the team lacks important information she has regarding the child and family's progress and her assessment of their needs and motivation to change. Knowing her perceptions and assessments of the family's situation might impact the team's decision on case direction. Also, mental health assessments were completed for individual family members that contain important information that would assist their family therapist in providing treatment. However, these were not shared with the therapist providing this service nor was she aware that they existed. The therapist claims that she has had limited contact with the caseworkers and what little contact she has had has been more about accessing other services rather than input or her assessment of progress and family functioning. Hence, only some of the team members have a common understanding of the child and family and it is incomplete.

Long-Term View

The long-term view indicator dropped from 92% last year to 83% in this review. The importance and usefulness of an acceptable long-term view was clear in a case story example. There were specific realistic goals that were set by the target child who is getting ready to leave DCFS custody. The team all knew what the goals were and worked toward them.

[Target child's] case had a substantially acceptable Long-Term View both implicitly and explicitly. All team members outside of [target child's] biological mother had the same understanding of the goals and plans for [target child]. The written document was very well written as well. The document spelled out the next major transition for [target child] (exiting DCFS custody) and it highlighted what the goals were for [target child] and each specific step that he needs to make in order to achieve those goals... Formally, the caseworker has ensured that [target child] is aware of all possible services available to him by introducing them to him during visits and having them presented at his last team meeting, especially WIA services through the Department of Workforce Services. The caseworker also had [target child] identify five supports that he has in the community that he would feel comfortable accessing if needed. The caseworker has been working very hard since she came on the case to help [target child] prepare for life outside of DCFS custody and services.

In some of the cases, the written long-term view is not the same long-term view that the team is working on. The team members in the following case have different understandings and limited information. The Long-Term View did not include the steps necessary to reach it, creating problems for the case.

Long Term View scored partially unacceptable. While the team knew that they wanted to reunify [target child] with one of her parents and knew that [father] was probably the

most viable option for accomplishing this, they didn't know quite how this would happen. All of the professionals knew that family therapy had to happen but didn't have a plan for this either. This would have been okay if reunification was some months off. The problem in this case was that the one-year mark for permanency was reached in April. An extension was granted until July, which is only three months away. The director of the residential treatment center indicated that his program lasted about seven months for most girls. He could stretch that to nine months but not much longer. [Target child] began her stay at [residential placement] in January. July would be the seven-month mark and September would be the nine-month mark. Two of the therapists thought that an interim foster home would need to be used. If this is the plan then a foster family needs to be selected as quickly as possible. This has not even been suggested to the team. The family believes that [target child] will come home to [father's] home in July. All of the professionals believe that family therapy must happen before this can occur. If this is the case then family therapy needs to start now. Had these steps been in place Long Term View would have scored in the acceptable range.

On other cases there were also comments indicating that the long-term view was not realistic and seemed to lack clarity and specificity. As the cases changed, the understanding of team members often was not the same regarding the long-term goals and placements.

Child and Family Planning Process

The region's score on the Child and Family Planning Process indicator dipped slightly from 88% last year to 87% this year. There were twenty acceptable cases that indicated good casework in the planning process. The following excerpt is an excellent example of a good individualized plan that adapted to changing situations and needs.

The written plan does contain the things that brought [target child] into care and what steps need to be done to get him independent, i.e., housing, education, employment, accessing medical services, and post emancipation financial aid. There is also indication that the plan has been modified over time. [Target child] also mentioned that it reflected his preferences of going to Job Corps, getting his education needs met at [learning center] and then at the [school]. Team members indicate that it is a realistic plan.

In another case the plan was not individualized or updated. Team members did not have input in creating the plan and the plan did not address the needs of the case.

Planning process was also partially unacceptable. When [parents] finally did see the plan, it was a finished product presented to them rather than a document into which they had input. Apparently the AAG and judge who have been involved in this case are accustomed to ordering very detailed services as part of the court order even if they do not apply in that particular case. For example, the original petition and subsequent court order require [parents] to maintain their home to certain minimal standards and maintain a stable income. These parents are in their fifties, own their home, and have a strong track record of financially supporting their family in a clean home. The inclusion of these objectives in the service plan was not necessary and had no bearing on the outcome of the case. It gives the case plan a "boilerplate" appearance, not one that was

individualized to these parents. This is a system issue that region and state administration need to resolve with the courts and judges.

Plan Implementation

Plan Implementation decreased from 96% to a score of 87%. In the following example, the team was able to implement the plan effectively. The team worked with the residential placement to implement the visitation on the plan.

The services identified in the plan have been implemented and the adoption packet was completed. There is full implementation of medical services and support services for the foster family. An intense level of services was required to address the mother's needs and the child's extreme medical needs, and the agency provided well for both. For the most part earlier in the case mother did not take advantage of the services, but over the past six months there has been full implementation of services for the adoptive family and child.

The following excerpt is from one of the cases where the plan lacked the intensity needed to make progress in the case. The family did not follow through and the team did not implement the plan.

Up to the time the children were placed, the implementation of the plan lacked the intensity and urgency to get the parents mobilized toward beginning the process. Since the removal of the children in March, the parents have completed UA's that indicate they are substance free and sober. The mother has begun DV treatment and both parents have completed assessments for DV and substance abuse. The father has yet to effectively start substance treatment, but has contacted a provider and is beginning treatment soon. For the reviewers considering the whole time frame for the case beginning in August of 2007 to the present the implementation of the plans has lacked the intensity needed.

Tracking and Adaptation

The tracking and adaptation indicator dropped to a score of 78% from last year's score of 96%. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes. The following case was exceptional at tracking the family's needs and adapting services as needed.

As the time for the permanency hearing approached, the agency worked to adapt services by dovetailing them so mother wouldn't feel so overwhelmed and could complete them. On one particular occasion during a visit the mother was discouraged and appeared overwhelmed and about to give up. The worker immediately sought the help of a clinician in the office who spoke with the mother and provided the support and help she needed...The tracking of medical care and delivery of medical services has been outstanding. The suggestion to implement sign language when it was identified that communication skills were lagging quickly accelerated the child's communication skills and lowered his frustration.

Another case is an example where lack of tracking is a key factor to many of the concerns in this case. Assessments were not used to track the progress of individuals in the case and the team had

no knowledge of formal or informal assessments. The plan could have been adapted and the case strengthened by the team if information was shared and tracked as noted in the excerpt below.

It appears that DCFS has monitored progress on the service plan in terms of tracking progress in counseling and parenting classes, but the information has only been recorded and not used to change or update the treatment plan. The reviewers found several instances where team meetings with a good array of team members could have been called to help move the service plan forward. A few of those times could have been: in June 2007 when there was talk of having [father's] domestic violence therapist work with [target child], in November 2007 after [target child's] first visit with [father] that was reported to have been traumatic for her, and in December 2007 when [target child] started visiting a new counselor.

V. Recommendations for Practice Improvement

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Practice Improvement Opportunities

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the indicators that had the lowest scores on system performance. The three areas discussed included Child and Family Team/Coordination, Child and Family Assessment, and Tracking and Adaptation. These areas are related. Formal and informal assessments need to be ongoing. If this information is shared with the team through Child and Family Meetings, phone call, e-mails, etc., the case can then be tracked effectively and the plan and resources adapted as needed for the child and family. The following includes some of the practice improvement opportunities noted by the reviewers.

Child and Family Teaming and Coordination

- In some cases the team is not functioning as effectively as it could because there are concerns of confidentiality by some team members. In one case the family did not want people involved in the team. The team needs to be continually evolving. As trust is built and other supports are identified, there are ongoing opportunities to include others on the team.
- There needs to be a release signed or other arrangements made so that community partners feel free to share important information with the team concerning the families and their needs. One reviewer had concerns because there was a lack of sharing information between therapists. This impacts the areas of assessing and tracking. Teaming and sharing of information is critical to tracking the progress in the case.

- It is important to have schools as part of the team. Often they do not have ownership of the team. The schoolteacher is a great resource because she is with the child throughout the day. The teacher plays an important role in tracking the child's progress.
- Keep the focus on the family to avoid power struggles among team partners.
- Key partners needed for the focus of the case are missing from the team. This includes people such as school personnel, health team, therapist, and extended family. More people on the team allows for better tracking and informal assessments.

Child and Family Assessment

- Time that could have been spent on addressing issues was lost because therapists were unaware of previous assessments. The teaming process should include a discussion about the case between the therapists. Formal assessments by Weber Human Services were not being shared with the division.
- Workers need detailed documentation including current assessments, both formal and informal.
- Resource Family Consultants could be better utilized as a resource for assessing the caregivers and as members of the team.
- When teaming isn't happening, informal assessments are not being shared. Existing formal assessments are not being accessed and used.
- Assess what is needed and start transitioning the case to adoption when the goal changes. There seem to be different processes among the regions for educating adoptive parents on subsidies and the line workers are not always aware what to put into the plan.

Other

- In some cases it was felt that the judges were ordering services not recommended by the Division and some cases were left open longer than the Division was recommending.
- High caseloads have an impact on teaming, tracking and assessing. These take time that often the worker doesn't have. Crisis management takes priority.

Recommendations

At the Exit Conference the Office of Service Review presented areas that reviewers had identified as needing improvement and invited the region to comment on why they felt they were struggling. The Northern Region themselves identified four areas of concern. During the exit conference the region divided into focus groups to address these issues. The groups included Child and Family Assessment, Stability, Child and Family Teaming and Tracking and Adaptation. The focus groups discussed barriers and ways to overcome challenges and then shared their ideas with the region. The following lists some of the ideas presented by the region.

Child and Family Assessment

Barriers or Challenges

- The CPS worker is not completing the assessments needed.
- Community partners don't always have the ability to share vital information.
- Families can be wary and not forthcoming with information.

- More kin need to be assessed early on in the case.

Ways to Overcome Challenges

- Bring community partners on board. Include their assessments into the Child and Family Assessment. Summarize their findings if they will not release it. Try to get release of information documentation from the families.
- Work harder at engaging the parents. Have mentors who do well in this area help on difficult cases.
- CPS supervisor should check that workers are doing the assessment and the CPS worker should be coordinating with the ongoing worker.
- Assess, at least informally, all people in the home of the child and their dynamics. Document the Child and Family Team Meetings better. More kin training is needed and is forthcoming.

Stability

Barriers or Challenges

- It is difficult to stabilize latency age children with behavioral issues. There are limited resources. Mental health issues of children and teens are difficult to handle.
- Kin placements are not assessed enough and ongoing supports for kin are not in place.
- Shelter placements are too long and sometimes there are several moves before permanency.

Ways to Overcome Challenges

- Assign a clinical person to each kin placement. Have crisis intervention available after hours and have more supports in place for kin. Involve extended family more if appropriate. Additional training for placements with teens or kinship placements is needed. There needs to be a safety plan in place up front so the family is empowered in a crisis.
- The workers need access to assessments before placements. There needs to be a clear assessment on the transition. What is different about this placement than the last? Is this a purposeful move?
- Implement the concurrent plan or alternative placement instead of placing at the Christmas Box House when there is a disruption. Ask better questions such as, “What do you need to maintain the child in this home?”

Child and Family Teaming

Barriers or Challenges

- There is a difference between teaming, staffing, and home visits. Workers do not always understand this and do not utilize them as well as they could.
- It is difficult to get incarcerated parents or absent parents involved in the teaming process. Some families do not want the school or extended family or friends to be involved.
- Scheduling and time constraints are an issue with Child and Family Team Meetings, especially with the professionals involved.

Ways to Overcome Challenges

- If a professional is needed, try using conference calls, or if possible access money for payment to have them come to the meetings. Meetings can be held at the school, therapist's office, etc. in order to accommodate them. Give everyone a copy of the team minutes.
- Train on teaming, staffing, and home visits. Have support staff trained on taking notes for meetings and utilize them for getting the minutes to everyone on the team.
- Work on engaging the families and teaching them the importance of teaming. Use the Immersion Days to educate schools about the teaming process.

Tracking and Adaptation

Challenges and Barriers

- Workers need to be able to take objectives that have already been achieved off plans.
- If something is not working the team needs to identify the problem and come up with another option to present to the judge.
- Newer workers don't understand the tracking process. Workers also need ongoing training, but have no time to take it.

Ways to Overcome Challenges

- There needs to be ongoing teaming with good minutes and quality notes. Good communication between team members will allow the team to help the tracking process.
- Brown Bag trainings could be implemented regarding expectations of tracking. Examples from the caseworkers could be used in trainings. Mentors and supervisors can go to court, attend meetings and help assess what is needed.
- The plan will need changes whenever there is a change of the goal.

Summary

The Northern Region had exceptional scores. They were above standard on every indicator measured. They have a strong partnership with the community and are working to improve it with the Immersion Days. There is a good relationship with other state agencies and community partners. There is strength in the legal process and mediation that happens in teaming efforts.

The workers attending the exit conference identified areas of concerns and were instrumental in finding concrete and explicit ways to address the issues. The administration is continually assessing what is needed and looking for different ways to meet needs of workers and clients.

There are some system barriers that are ongoing. The need for workers and therapists that are bilingual is increasing. The Northern Region has many cultures they deal with and the numbers are rising. The population in the region has sky rocketed and the need for workers, supervisors and supports have increased. The need for training in the changing laws and policies is being addressed.

The region has implemented several productive and strong programs in their system. It is notable that they are the highest in the state for mediation and have resolved some difficult issues with direct and open communication between the Division, clients, therapists, legal system and the community partners. The kinship specialist and clinical team has been available to workers and families not only in Child and Family Meetings, but also on a daily basis to give support, advice, and more early intervention. An overall score of 91% on system performance is well above the standard of good practice.

With many workers with high caseloads, it is admirable and note worthy that 96% of the cases were acceptable on Child Safety and the overall score was 96% on Child Status. The scores increased in Family Resourcefulness, Emotional and Behavioral Well-Being and three indicators were at 100%. This is evidence of the region working to meet the needs of the children and families.

APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.